

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/526740  
FILING DATE  
APPLICANT(S)

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/	/	/	/	/	/	51							
2	/	/	/	/	/	/	52							
3	/	/	/	/	/	/	53							
4	/	/	/	/	/	/	54							
5	/	/	/	/	/	/	55							
6	/	/	/	/	/	/	56							
7	/	/	/	/	/	/	57							
8	/	/	/	/	/	/	58							
9	/	/	/	/	/	/	59							
10	/	/	/	/	/	/	60							
11	/	/	/	/	/	/	61							
12	/	/	/	/	/	/	62							
13	/	/	/	/	/	/	63							
14	/	/	/	/	/	/	64							
15	/	/	/	/	/	/	65							
16	/	/	/	/	/	/	66							
17	/	/	/	/	/	/	67							
18	/	/	/	/	/	/	68							
19							69							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3		3		3		TOTAL IND.							
TOTAL DEP.	16	←	15	←	15	←	TOTAL DEP.	←	←	←	←	←	←	
TOTAL CLAIMS	19		18		18		TOTAL CLAIMS							

BEST AVAILABLE COPY